POSITION DESCRIPTION

Clinical Nurse Consultant Cardiovascular – Complex Care

Supporting Everyone to be healthy and live well

PURPOSE OF THE ROLE

The goal of the position is to optimise patient self-management of their health condition, and to avoid unnecessary hospital readmission.

The role objective is to develop and implement care pathways for the transition of patients diagnosed with cardiac conditions like:

- heart failure,
- ischemic heart disease and
- atrial fibrillation

out of the acute care inpatient setting, by supporting discharge and transition into alternative support through the application of evidence-based solutions.

The role works in collaboration with the multi-disciplinary team, which is led by the CNC C Cardiovascular Nurse, who provides clinical guidance and leadership.
Client clinical assessment and management strategies are developed and guided by best practice indicators.
Client clinics are established as required under the guidance of the CNC C Cardiovascular Nurse.
The CNC Cardiovascular nurse provides a comprehensive nursing assessment, and develops and evaluates interventions, treatment, care planning and manages any necessary referral management, for ERH patients and people participating in the *Big Hearts – Heart Failure rehab program;* and/or other cardiac rehabilitation Groups as required.
The CNC Cardiovascular nurse is accountable for the follow up services with a face to face model of care in the client's home.

Position Details	
Position Title:	Clinical Nurse Consultant Cardiovascular -Complex Care A/B
Department	Community Services
Reports to:	IPAC Manager
Positions Reporting to this role:	nil
FTE:	To be determined
Budget:	nil
Enterprise Agreement:	Nurses and Midwives (Victorian Public Sector) (Single interest Employers) EA 2024 - 2028
Position Classification:	CNC A Year 1 and 2(ZF4) CNC B Year 3 and thereafter (ZJ4)
Position Description last reviewed:	June 2025

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Selection Criteria
Essential:
Qualifications: • tertiary health qualifications in a specialist field with additional specific training in Cardiac Care or equivalent • Registered Nurse with Nursing and Midwifery Board of Australia
Proven ability to work autonomously and effectively within a multi-disciplinary health care team, demonstrating professional and effective communication skills with people of all levels
Demonstrated commitment to providing seamless care intervention across the acute and community interface
Knowledge of health care services, community support programs and agencies operating in the ERH catchment
Well-developed interpersonal and written communication skills using IT platforms
Sound clinical and organisational skills, the ability to be effective, flexible and responsive in a changing environment in the management of clients with chronic disease.
Understanding of the Health Independence Program, (HIP), model of care and Complex Care background and objectives
Demonstrate understanding and application of continuous quality improvement
Satisfactory evidence of; National police check, Working with Children's and Vaccination status in line with policy and procedure at this time.
Desirable:
Minimum 4 years post qualification in acute nursing

Key Accountabilities
Provide advanced nursing care to people recovering from a chronic heart condition and complex health needs to receive appropriate services to maximise their health. Facilitate multi-disciplinary care for patients with Heart Failure (HF), IHD and Atrial fibrillation – clinically assessing and evaluating, monitoring client progress, developing client care, action plans and providing correspondence to clients and GP/Specialist.
Works as the primary point of contact to: Support the intake and triage of new patient referrals, Undertake Initial Needs assessment, and a Comprehensive assessment, Plan, implement and evaluate goal directed care planning, care and service coordination within a multi-disciplinary setting to facilitate effective transition of bed- based care from ERH into the community preventing readmission into hospital.
Manages and maintains own allocated client case load with face to face visiting of clients in their homes weekly to fortnightly- equals two and above visits per day.
Maintain Department of Health Key performance Indicators for the Complex Care program under the HIP Guidelines and IPAC Department Standard Operating Procedures: • Clients are contacted for screening of referral within 3 working days (target 80%) • Admission to first face to face contact less than 10 working days (target 80%) • Documented communication to GP, Medical Health Record and other primary care services at handover/transition and discharge (target 100%) • Length of episode of care 1 - 6 months, extension to program required with approval of manager

• All clients are formally case reviewed with peers, meetings 2-3 times a week
Provides health literacy and self-help coaching to clients with chronic heart disease in the community.
Demonstrates proficiency in the use and purpose of the Remote Patient Monitoring system and devices. Educating clients in the use of such devices.
Lead Big Hearts weekly Rehab program and other specific groups as per demand. Provide a 48-hour post discharge phone call to care recipients.
Provide an evidence-based clinic as required to support heart health conditions.
Supporting the IPAC Manager in the development of policy and procedure incorporating best practice principles to underpin the Complex Care program.
The Cardiovascular nurse may be requested to perform other duties, as reasonable and appropriate, from time to time.

Organisational Responsibilities
Positively promote ERH within and externally to the organisation
Comply with the ERH and Victorian Public Sector Code (VPS) of Conduct
Each employee has a responsibility to comply and promote practices with all ERH policies and procedures and familiarise themselves with those relevant to their position
Comply with relevant registration bodies mandatory continuing professional development requirements
Carry out all work and interactions in alignment with the CARE values
Report all incidents and near misses as soon as possible after the event
Participate in risk management activities and assist with identification and control of risks within their department or area of work
Actively support compliance with the National Safety & Quality Health Service Standards and other professional standards and relevant regulatory requirements

CARE Values	
All staff are expected to behave in a way that is in alignment with our corporate values:	
Collaboration 	Works with a team focus Cooperates with others and gains input and support to assist in achieving objectives We work with others to achieve shared goals
Accountability 	Monitors the impact of one's own behaviour on others Supports a "no-blame" culture in reporting incidents and helping to effectively resolve them
Respect 	Treats people fairly and openly Treats people with dignity Demonstrates personal standards of consistency, tolerance and patience
Excellence 	Consistently supports and follows organisational policies and procedures Actively participates in identifying opportunities to improve what we do

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Key Relationships	
Internal	**External**
All ERH staff and visiting GP's and Specialists	All clients, carers and external service providers

Leadership Capabilities

The table below indicates the leadership capability levels required. This table will need to be read in conjunction with the ERH Leadership Capability Framework.

✓ **PLEASE USE A TICK ICON TO INDICATE REQUIRED LEVEL**

Category	Descriptors	Foundation	Proficient	Advanced	Highly Advanced
Collaboration 	Inspires direction & purpose			•	
	Turns challenges into opportunities			•	
	Communicates effectively			•	
	Builds relationships			•	
	Works collaboratively			•	
Accountability 	Acts with integrity			•	
	Demonstrates accountability			•	
	Drives accountability			•	
	Manages self			•	
	Promotes innovation		•		
Respect 	Accessible communicator			•	
	Values difference			•	
	Consistently articulates direction			•	
	Empowers others			•	
	Respectfully influences			•	
Excellence 	Delivers results			•	
	Plans and prioritises			•	
	Thinks and solves problems		•		
	Consumer focus			•	
	Innovation change leader		•		

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TERMS & CONDITIONS OF EMPLOYMENT:
Terms and conditions are in accordance with the Letter of Offer and Contract of Employment.

I acknowledge that I have received a copy of this position description. I have read (or have had read to me) and understand the requirements of this position. I agree to work in accordance with this position description.

Signed: _____ Date: / /

Print Name: _____

cc: Employee File